

(In progress) – and a challenge. But I'm not here to mouth clichés. I want to state very unequivocally that health is indeed an extremely high priority for Pakistan's democratically-elected government. The Pakistan's People's Party has always run a flagship health program that stays ahead of the curve on all pro people and pro agendas. There are, however, and unfortunately still 400,000 preventable deaths among children under 5 years of age in Pakistan.

That is a big number and that is not a number that we can live with or shall continue to live with. And of course, we seek your partnership and support in changing that dynamic. Realizing the urgent need for concrete action to change this very chilling statistic, various stakeholders in Pakistan have unanimously agreed to join hands with global partners to fulfill what we call a promise to keep.

This is a multiyear program to monitor and strengthen progress towards the goal of ending preventable child deaths. The program includes major national initiatives to integrate maternal, newborn and child health – MNCH – at the policy and programmatic level at both the federal and provincial tier. It also includes development of critical human resources such as upscaling the number and quality of community midwives and health workers as well as establishing an integrated framework from MNCH and nutrition services.

Both are in devolution, particularly in some provinces where the challenge is quite great now, to build synergies and for sustainable and substantive impact. And here, I want to just flag that while we have fulfilled a very old promise to our country and to our people to devolve government to the provincial tier, this has been – this great shift from the federal to the provincial level has posed challenges for health governance and for many other sectors that we seek to build more in, I would say, an integrated and synergistic framework which will take some time and support.

I want to add that newborn survival, we feel, is the key to decreasing child mortality. Therefore, we are focusing primarily on high impact newborn interventions. Our prime objective here is to ensure access and availability of trained and equipped frontline lady health workers, at the community level for every mother, every newborn and every child in Pakistan.

We understand that this would entail ramping up the numbers of our lady health workers as well as community midwives to deliver equitable primary and reproductive health care services at the doorstep for mothers and children. Additionally, community case management of common childhood illnesses will be incorporated as an integral component of existing community health delivery programs.

We also know and acknowledge that Pakistan faces huge challenges of economic fragility and complex traditional and human security issues amplified, as you all may well know, by natural disasters especially over the last five years.

And personally I feel very strongly about working with the international community because just before coming here to this position, I was chair of the Red Crescent – International Red Crescent in Pakistan and our workers and aid colleagues face challenges on the ground as

well as brought on structural changes as well as those brought on by the natural disasters. We have cyclically been facing one after another.

And despite these challenges and those posed by the devolution of health to the provinces as a sector as well as shrinking fiscal space for social sector, Pakistan has undertaken several large scale initiatives to reach the poor and marginalized at the bottom of our pyramid. Of these multiple initiatives, the government's flagship lady health worker program remains a key strategy and intervention for delivering care to rural and marginalized populations.

The late prime minister, Benazir Bhutto, launched this program in 1994 and I take pause to mention her because this was a program that she personally drove. And I was also health minister about a year, two years ago, in this very government when we were a federal health ministry as well.

And this program became – and still is called – an international gold standard for community health care. And we hope that we can add substantial increments to make her dream and ours a reality of reaching every woman and every child at the doorstep. The program aims to provide community-based preventive services through local engagement and education.

A hundred and ten thousand lady health workers in Pakistan fan out over 70 percent of the rural population and provide key services related to antenatal care, breastfeeding promotion, immunizations which include oral polio vaccines and the treatment of common illnesses as well as providing advice and the staples of primary health care.

This is very important to our community intervention program and you already have must have heard that we have had – we have been faced with critical challenges in the polio and other immunization programs other than, of course, the increasing capacity and technical coordination as well as protecting goal chains and workers.

There has been a significant political issue related to the conflict especially in the northern parts of our country that vaccinators tend to face and we feel very strongly that we need to protect all aid workers, vaccinators and community activists from the kind of extremist and conflict agendas that can impact these kind of critical actions on the ground.

So yet, however, despite limitations, I'm happy to tell you that the lady health worker program in Pakistan has still been at the forefront in developing pilot interventions and shaping more and more global policies and sharing best practices. These include improved strategies for linking communities to the formal health system, addressing major killers such as diarrhea and pneumonia and the prevention of maternal and newborn infections.

Pakistan has also witnessed major civil society initiatives including public-private partnerships, emergency transport schemes, m-health initiatives and financial support schemes.

We welcome those and we hope that we can provide robust support for all players and actors in the health care field. And some of our practitioners are with us this afternoon. I can see

them in the audience. So welcome all Pakistanis to Washington, D.C. I hope to see you before you leave. I'm sorry. I'm the ambassador. I have to throw that in. (Laughter.)

And before I stand too long before you and your lunch, I'd just like to inform the house that Pakistan has also built in one of the largest – not just health care but social sector delivery programs. Our Benazir income support program, for the first time, in the history of Pakistan, targets over 40 percent of the population below the poverty line and offers major opportunities for families to promote MNCH in the future. This is the first health care net introduced in Pakistan at the government level.

As I said, it is a signature outreach of this government. And we had identified from day one and dot zero that these programs – these transfer credits to women, that these programs unrelated at that point to health and we are building in health initiatives. We are building in other initiatives into this that empower women. No householder can reach this program or take its benefits if the woman of the household is not in cashing it.

So it directly speaks to women. It empowers them. It makes them earners of their own income no matter how small it is. And it gives them a voice not just in the community but in the household where they do need to be, I would think, substantially empowered. The key challenge Pakistan faces today lies in implementation, implementation, implementation, literally. And there is, of course, a strong emphasis on monitoring and evaluation, and of course enhancing and improving program performance.

But accountability also plays a key part in bringing – closing that cycle of optimal enhancements and of course performance indicators. The government of Pakistan and the Pakistani delegation that represent all sectors of the community, I am sure, commits itself firmly to reaching the millennium development goals for maternal and child health and to also undertake a national level countdown so that we understand the disparities, the gaps and look towards identifying solutions in time.

We would further like to pledge that the recent health reforms with increased provincial autonomy will be capitalized as an opportunity to scale up the low cost and low tech evidence-based best practices for MNCH and FB. Our aim is to strengthen the healthcare delivery system by adapting effective public-private partnerships models at scale. And in this endeavor, I am very pleased to say that Pakistan has had the support of a broad range of international partners.

And I take the opportunity to say that and point out that DFID, USAID and Australian AID are working closely and proactively with the government of Pakistan to prevent approximately 195,000 under 5 child deaths over a period of three years through an investment of \$485 million. So thank you for that and keep coming at us with all your questions and your exasperations.

Let us join hands together at this point, ladies and gentlemen, to realize our shared vision of a Pakistan where no mother, no newborn or child dies due to preventable causes and where all children live to achieve their full potential.

I would like before I close to reiterate the vision statement of my friend, mentor and leader, Mohtarma Benazir Bhutto, the former prime minister of Pakistan, who said very presciently and often: I dream of a Pakistan and Asia, of a world where every pregnancy is planned and every child conceived is nurtured, loved, educated and supported. So I thank you and I look forward to seeing you briefly at lunch. Thank you very much. (Applause.)